

Guidelines for Adapting the Community Surveillance Kit and for Managing the Activity

Prepared by The CHANGE Project in collaboration with CORE NGOs and the U.S.
Peace Corps, under USAID Cooperative Agreement HRN-A-00-98-00044-00

Version 2, January 2001

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INTRODUCTION

The Community Surveillance Kit

The *Community Surveillance Kit* was developed by the CHANGE Project and pretested in Zimbabwe and Malawi as a tool for global use. The purpose of the Kit is to help non-governmental organizations collaborate with government agencies, communities and other interested partners in promoting the detection and prevention of a number of diseases at the community level. The Kit may also be used directly by ministry of health staff who have regular (at least monthly) contact with participating communities.

Because it is a generic tool, groups in each country will need to adapt the Community Surveillance Kit before using it. The CHANGE Project welcomes feedback on the adaptation and use of the generic Kit and hopes to modify and improve the Kit based upon this feedback. CHANGE would very much appreciate your completing the feedback form that is included with this version of the Kit.

The Community Surveillance Kit is designed specifically for situations in which there is some person who can serve as a bridge between the community and the nearest health facility. This person might be an NGO staff member, a Peace Corps Volunteer or, in some cases, someone who works directly for the national government. The Kit and accompanying materials support this “Community Surveillance Coordinator” to orient communities, work with them to select Community Surveillance Volunteers, support those volunteers, and bring any reports of AFP or other important diseases to the immediate attention of the closest health facility. The Kit is thus conceived as helping extend the reach of existing surveillance systems that often do not become aware of cases that fail to show up at the facilities themselves. Because the approach outlined in the Kit relies on a partnership between health facilities and the communities, surveillance activities supported by the Kit are designed for use only in areas with functioning surveillance systems.

Besides supporting community involvement in surveillance, the kit provides ideas for *preventing* diseases and ways to help communities *monitor good health habits*, such as hand washing and having fully immunized infants, and *other positive events* that communities themselves select related to improving community life beyond health. It is believed that monitoring these good habits will help change community norms so that the specific habits are more quickly adopted.

The main components of the Kit are two handbooks, one for Community Surveillance Coordinators and one for Community Surveillance Volunteers. In addition, there are these adaptation guidelines and separate guidelines for training Community Surveillance Coordinators (guidelines for training community volunteers are included in the Coordinators’ handbook). Each national or local community surveillance program will need to use or adapt the case report form and monthly community surveillance form that are included in the Coordinators’ handbook. Finally, each program is encouraged to develop and use job aids (disease detection cards or posters and cassettes with the Volunteers’ handbook recorded in a local language) as well as advocacy materials to help generate and maintain support for community surveillance.

The Purpose of this Adaptation Guide

This Adaptation Guide is designed to aid ministries of health, NGOs, the Peace Corps, and other partner organizations in determining whether the Community Surveillance Kit can be an asset to their programs. For those countries that decide to implement the Kit, the Adaptation Guide provides guidelines for coordinating community surveillance activities and for adapting the Kit for use within the context of their programs, policies, and resources.

Who Should Use this Adaptation Guide

This Adaptation Guide is written primarily for senior-level decision-makers and program managers of the partner organizations mentioned above. Additional community surveillance partners include traditional healers' associations and other organizations in civil society and the private sector who have an interest in promoting community-based surveillance programs.

How to Use this Adaptation Guide

This Adaptation Guide suggests tasks involved in organizing partners to coordinate community surveillance and in reviewing the Community Surveillance Kit and adapting it for use in your country. This guide is intended to be reviewed and discussed jointly by all organizations that will be collaborating in the community surveillance activity.

Before implementation of the Kit, selected sections of the Kit must be adapted to country-specific circumstances and supporting activities must be coordinated and carried out. The steps involved in the process of adapting the Kit to country specifications and coordinating implementation activities are outlined below.

1. Management Tasks	
Task 1-A	Form a Community Surveillance Coordination Committee
Task 1-B	Organize meetings of the Coordination Committee to reach consensus on adapting the Kit and to coordinate supporting activities
Task 1-C	Coordinate the translation, preparation of additional resource materials to be included in the Kit, and reproduction and distribution of the Kit
Task 1-D	Plan and schedule training, implementation monitoring activities
2. Adaptation Tasks	
Task 2-A	Conduct rapid qualitative research to inform the technical review process (or decide that this is not needed or feasible)
Task 2-B	Conduct a joint technical review of the generic Kit
Task 2-C	Pretest the Kit
Task 2-D	Revise and improve the handbooks and training materials based on pretest findings

1. MANAGEMENT TASKS

Task 1-A:

FORM A COMMUNITY SURVEILLANCE COORDINATION COMMITTEE

If the community surveillance activity is to cover several regions or the entire country, one NGO or possibly another organization or unit of the ministry of health should take the initiative to try to interest other potential partner groups in community surveillance. This section provides guidelines to help that lead organization to inform potential collaborators about the Kit and to solicit their participation in a Community Surveillance Coordination Committee that will plan and oversee the Kit's adaptation and use in the country.

It is strongly recommended that PVOs/NGOs jointly form a Coordinating Committee with the Ministry of Health (EPI and any surveillance unit outside of EPI) and other organizations that wish to participate. This committee could be designated as a subcommittee of the Inter-Agency Coordinating Committee (ICC) that many countries have already established for EPI. The Coordinating Committee will manage the implementation and adaptation of the Kit in your country. The Committee should also facilitate the successful integration of the Community Surveillance Kit into existing structures of partner organizations and within structures and systems operating at the national or regional level.

Member organizations of the Community Surveillance Coordination Committee may include, but not necessarily be limited to:

- NGOs that have community-based activities
- The U.S. Peace Corps and other volunteer programs
- The Ministry of Health (appropriate departments such as EPI and surveillance)
- International health organizations (the World Health Organization or the UNICEF)
- Traditional Healers' Associations
- Donor agencies

How to Begin

Forming a Community Surveillance Coordination Committee may require some time and perseverance. People cannot "buy into" an idea until they are convinced that it is useful to them. The best way to form the Coordination Committee, therefore, is to begin by (1) contacting potential partners to inform them about the Kit; (2) meeting with them on an individual basis to discuss the advantages and constraints of the Kit; (3) inviting them to collaborate on adapting the Kit to the country's context. You should start with the following actions:

1. Contact potential partners and provide them with basic information about the Community Surveillance Kit.

Distribute copies of the Community Surveillance Kit to potential partners. (If needed, first translate the Kit into the most common national language. Any document that is translated

should be proof-read by someone, other than the translator, who is fluent in both languages.) Include the following documents (samples are found in Appendix A):

- **A cover letter** that should: (1) present the Kit and explain its purpose; (2) request that the organization look over the enclosed information and complete the Decision-Making Checklist; (3) request a follow-up meeting in order to explore possibilities of collaborating with the organization to adapt the generic Kit for use throughout the country.
 - **The Community Surveillance Kit Summary Sheet** provides information that you may also share during telephone calls or in email messages with potential partners.
 - **The Decision-Making Checklist** helps organizations determine whether the Community Surveillance Kit would be beneficial to their programs.
2. Set up a series of contact meetings with potential partners to explore their interest in collaborating to adapt and use the Community Surveillance Kit. Initial contact meetings should be held with decision-makers in these organizations. These meetings should be small and relatively brief.
 - During the initial information meetings with potential partners, discuss the key points listed in the Community Surveillance Kit Summary Sheet.
 - Discuss the Decision-Making Checklist to help people decide whether the Community Surveillance Kit is an appropriate tool for their programs.
 - Explain the role and functions of the Coordinating Committee and their potential membership on the committee. Provide a written copy of the “Community Surveillance Coordination Committee’s Role and Functions” sheet to each potential partner.
 3. Do some research on polio eradication and community surveillance. A number of useful organizations, publications, and Internet sites are listed in Appendix B of this Guide. Numerous documents are also found on the CD-ROMs available from WHO.

Resource Materials

To help you form the Community Surveillance Coordination Committee, the following resource materials are provided in Appendix A:

1. A Sample Cover Letter to include with the Community Surveillance Kit
2. The Community Surveillance Kit Summary Sheet
3. A Decision-Making Checklist for Use of the Community Surveillance Kit
4. Recommendations for Use of the Community Surveillance Kit based on the Decision-Making Checklist
5. Summary Sheet: The Community Surveillance Coordination Committee for the Community Surveillance Kit: Purpose, Tasks and Membership

Please feel free to modify these resource materials to fit your needs.

Task 1-B:

ORGANIZE MEETINGS OF THE COORDINATION COMMITTEE TO REACH CONSENSUS ON ADAPTING THE KIT AND TO COORDINATE SUPPORTING ACTIVITIES

This section provides guidelines for planning and conducting meetings of the Community Surveillance Coordination Committee. Guidelines for the initial planning meeting are outlined and can be applied for the planning of subsequent meetings. The ultimate goal of the first meeting is to reach consensus about adapting and using the Community Surveillance Kit in the country or province where you are working. Other meetings will be necessary to coordinate the management and adaptation activities.

Expenses

Expenses for the Kit, its adaptation and implementation can be minimized through the integration of many of its components into existing activities. Nevertheless, it is very important that funding issues be discussed and resolved early on in the process. Should additional funding be required, there needs to be sufficient time to request it in future funding cycles or to seek external funding. It has been the experience of the CHANGE Project that failure to address funding issues sufficiently early on in the process can create delays in the ability of some partners to participate in the Community Surveillance Kit project.

How to Begin

1. Take time to carefully plan the meeting

The initial meeting should be planned once you have identified and met with organizations that are interested in using the Community Surveillance Kit. Use the checklist at the end of the section to help you plan and organize the meeting. Allow a minimum of two weeks to prepare.

2. Develop the meeting objectives

The meeting objectives should be developed in collaboration with interested organizations. Suggested objectives for the first meeting are listed below.

3. Develop the meeting agenda

Use the recommended objectives on the previous page to prepare a meeting agenda. A sample meeting agenda is provided in Appendix C to guide your work. As you prepare the agenda, make sure to provide enough time for presentations, discussion and decision-making. **A minimum of five hours**, including time allotted for coffee breaks and a meal, will be required to conduct the first meeting. The meeting should not, however, exceed one full working day.

Objectives of the first meeting of the Community Surveillance Coordination Committee

1. Meeting participants will discuss and become familiar with:
 - (a) the mission and activities of participating organizations;
 - (b) the history and global context of the polio eradication effort;
 - (c) the national context of the polio eradication effort, integrated disease surveillance and EPI; and
 - (d) the Kit's goal, general contents and overall strategy.
2. Meeting participants will discuss and reach consensus on the following:
 - (a) the role and functions of the Community Surveillance Coordination Committee;
 - (b) the process for adapting the Community Surveillance Kit;
 - (c) how expenses related to the adaptation, training and implementation will be covered and whether additional funding should be pursued;
 - (d) individual Committee members' roles + responsibilities in the adaptation process;
 - (e) the timetable and procedures for the technical review;
 - (f) the timetable and procedures for the pretests; and
 - (g) the identification of pretest sites.

4. Identify and meet with co-facilitators and speakers

Having people from several organizations prepare presentations and/or help co-facilitate the Community Surveillance Coordination Committee meeting:

- (a) shares responsibility among several people and organizations;
- (b) increases the amount of information and expertise available to meeting participants;
- (c) actively involves people early on and increases their sense of ownership of the process of adapting the Community Surveillance Kit;
- (d) increases the prestige of the meeting and adds to the credibility of the Kit.

Co-facilitators: Once you have developed the meeting objectives and a draft agenda, identify people within your organization or from partner ones who are interested in the Community Surveillance Kit to co-facilitate the meeting. Depending on the size of the meeting, you may decide to have *at least two co-facilitators*. They will help you to:

- moderate discussion, encourage everyone's participation, keep dialogue on track;
- make sure that supplies and equipment are working during the meeting;
- assist in handing out documents to the members;
- assist in keeping notes on the meeting;
- other tasks related to preparing for and/or running the meeting.

Meet with the co-facilitators in advance to discuss the objectives of the meeting, finalize the agenda, and determine the tasks and responsibilities of each co-facilitator.

Special speakers: Although you want to keep the meeting as simple and brief as possible, it is important to invite high-level officials to participate in the opening sessions. The presence of these officials will increase the prestige of the first meeting and add to the credibility of the Community Surveillance Kit. Depending on the size of the meeting, you may decide to have *special speakers*.

Your selection of the special speakers should take into account the protocol within your country, and the organizations that are collaborating.

Guidelines for selecting special speakers: Modify the recommendations below to correspond to your own country's protocol and the organizations that will be participating:

- Invite the Minister of Health or another high-level government official to give the keynote address/welcome speech.
- Invite a high-level representative of WHO, UNICEF or an international donor (e.g. USAID or Rotary Club) to give a presentation about the global history and context of the polio eradication effort.
- Invite a representative of the Ministry of Health to give a presentation about the national context of the polio eradication effort, integrated disease surveillance and EPI.

Honorariums for the co-facilitators and special speakers: Ideally, all of the meetings of the Community Surveillance Coordination Committee should be conducted *without having to pay honorariums or fees* for any of the facilitators, speakers or participants. If you begin by paying honorariums for the first meeting, people will expect to receive honorariums for all subsequent meetings. Also, people who facilitate the Coordination Committee meetings, make speeches or presentations at these meetings, or attend the meetings *should not consider their participation as a special service that requires additional compensation*.

To avoid misunderstandings, make sure to discuss the payment of honorariums or other fees with co-facilitators, speakers and participants and come to an agreement *before the meeting*.

5. Invite the participants

- *Remember to follow protocol!* Follow the protocol that is most appropriate for your country's context. Make sure that the letter is signed by the appropriate person (the person or organization that is responsible for officially calling the meeting); for example, a Ministry of Health representative, or the Country Representative of an NGO.
- *Send a letter of invitation and a copy of the workshop agenda to each participant.* Include the objectives, date, time and place of the meeting in the letter. (A sample letter of invitation and a sample agenda are provided in Appendix C.)
- *Follow up and confirm attendance through personal contact.* Make sure to follow up by contacting every participant (either by telephone or in person) to confirm that they have received the letter and that they will attend the meeting.

6. Additional tips for organizing the first Community Surveillance Coordination Committee meeting

a. *Characteristics of a well-run meeting*

A well-run meeting should:

- Be well-organized: Participants have received agenda, objectives and copies of the Kit prior to the meeting; sessions are well-planned; equipment is available and works smoothly; supplies and materials (pens, notebooks, markers, flip-charts) are ready and distributed.
- Be well-facilitated: Full participation of all members is encouraged; disruptive diversions, off-topic discussions and endless debates are discouraged; the atmosphere is relaxed, but with mutual respect among participants, co-facilitators and presenters.
- Follow the agenda and schedule: The meeting starts and ends on time; co-facilitators and presenters are on time, sessions and breaks run according to schedule.
- Be efficient: The meeting objectives are accomplished; “next steps” and responsibilities are clearly identified; plans are made to follow up on decisions taken during the meeting.

b. *Seating arrangements*

Seating arrangements should facilitate an open discussion among participants. The seating arrangement should allow all participants to see one another and the presentations.

c. *Keeping down the costs*

Because the Community Surveillance Kit is meant to integrate as much as possible within existing programs and systems, the work of the Coordination Committee should not incur large costs such as the payment of salaries, honorariums or fees. Per diems and travel expenses should be avoided. Most of the people attending the meeting will be local and therefore should not be travelling a long distances to attend the meeting. Providing simple refreshments is a good way to motivate people to attend the meeting; and a meal if the meeting lasts through lunchtime or dinnertime.

d. *Resource materials for the first meeting*

A number of resource materials are provided in Appendix C to guide you in your preparations for the meeting. These resource materials include:

- a meeting planning checklist
- a sample meeting agenda
- a sample letter of invitation
- a list of recommended equipment and supplies for the meeting; and
- handouts and transparencies for presentations.

Task 1-C:

COORDINATE THE TRANSLATION, PREPARATION OF ADDITIONAL RESOURCE MATERIALS, AND REPRODUCTION AND DISTRIBUTION THE KIT

There are a number of steps to take and decisions to make in the reproduction and distribution of the Kit. These tasks need to be well planned, carried out, and monitored so that the country's community surveillance program obtains the best quality tools at the most reasonable cost in a timely manner.

Planning Decisions

Will the Volunteer Handbook be translated into local dialects? This issue needs to be dealt with early on so that arrangements for translations can be made with MOH, Ministry of Education, NGOs or contracted out to a private translation service. Arrangements may vary depending on the dialect. Time frames and cost for translations should be investigated early on so these issues will not cause undue delays in the reproduction of the handbooks.

Will job aids be included in the Kit? To accompany and support the Kit, the Coordination Committee may decide to include either small posters or flip charts of the disease detection illustrations and/or an audio-cassette with the Volunteers handbook recorded in the local dialect. The Committee may also come up with its own ideas for aids. Again, these decisions should be made early on so materials can be designed, pretested, and reproduced in sufficient time so that distribution of the Kit will not be delayed.

Who will manage production? It might be a small committee from the Ministry of Health and its partners whose members have good experience in this area.

Who will pay for the production? The Community Surveillance Coordination Committee must decide how the partners and donors will share the costs of the initial printing of the parts of the Kit. Decisions should also be made regarding responsibility for the reprinting of the Kit, as well as any forms the partners decide to use for community surveillance.

How many copies should be printed? This decision should be made on the basis of the partners' experience, but clearly more copies than needed immediately should be printed, since it is much less expensive to print extra copies initially than to reprint a small number of copies later. In general, it is recommended that enough copies be printed to service the expected needs of community surveillance for at least one year.

Who should do the actual printing? The production committee should ask for several printers to bid on this job. The cost should be an important consideration in the decision, but past experience with each company's quality and timeliness are also very important.

Should you use expensive paper, color, etc.? Clearly one wants pieces of the Kit to look nice and be long-lasting under field conditions. But because printing in color is so expensive, in general we recommend not using color or using it only on the covers of the handbooks. The covers should be fairly thick and have a semi-gloss finish for protection. You might also consider some type of plastic bag or a box to hold the pieces of the Kit intended for the various audiences. The inside paper in the handbooks does not have to be too thick, but it should be thick enough so that the print from one side of a page does not show through to the other.

How will distribution be done? In general, the Coordination Committee should plan and oversee distribution of the pieces of the Kit. Coordinators should receive their Kits and the Kits for their Surveillance Volunteers during the training of Coordinators. Re-supplies of the community surveillance forms should be available at the district office of the ministry of health or of an NGO or other partner.

Ongoing Production and Distribution

Monitoring of the community surveillance program (see below) should include monitoring of supplies of the handbooks, forms, job aids, and other parts of the Kit. The Coordination Committee should make decisions regarding the reprinting of all or part of the Kit, since this decision has significant budgetary and management implications.

The decision may also need to be made about whether the Kit should be revised before being reprinted. This obviously entails additional work and expenses but may be necessary every few years, as lessons are learned and the program and epidemiological situations change over time.

Task 1-D:

PLAN AND SCHEDULE TRAINING, IMPLEMENTATION AND MONITORING ACTIVITIES

Training Activities

The Community Surveillance Kit contains a separate component, *Guidelines for Training Community Surveillance Coordinators*, that provides guidelines for adapting the training guide and planning the training of Coordinators.

Initiating Implementation

There are a series of steps that must take place before the actual implementation of active surveillance in communities begins. The table below lists many important preparatory steps and the resources to support them:

ACTIVITIES TO BE CONDUCTED PRIOR TO IMPLEMENTATION OF COMMUNITY SURVEILLANCE	SUPPORTING DOCUMENTATION CONTAINED IN THE KIT
Training of trainers of Coordinators	Guidelines for Training Coordinators
Training of Coordinators	Guidelines for Training Coordinators
Orientation of health facility staff by Coordinators and/or Ministry of Health district or regional staff	Coordinators' Handbook, especially listing of roles and responses to reports of cases
Organizing an information campaign about the program	Coordinators' Handbook, Community Activity No. 2
Working with communities to select volunteers	Coordinators' Handbook, Community Activities Nos. 3 and 4
Training Community Surveillance Volunteers	Coordinators' Handbook section "Guidelines for Training Surveillance Volunteers"

Monitoring and Evaluation

Monitoring and evaluation of the community surveillance program can be as simple and straightforward or as sophisticated and complex as the in-country partners decide.

Monitoring basically means obtaining ongoing or periodic feedback on a program in order to learn in a general way how it is doing and to detect specific areas needing strengthening. For the community surveillance program, ongoing monitoring may consist of Coordinators' collecting

information through supervision/support visits to communities as well as completing and analyzing the monthly surveillance forms. NGOs or other partners or the ministry of health at the district, provincial, and national levels may also want to collect and analyze the Coordinators' monthly reports in order to learn about the contribution of community surveillance to reporting of diseases and other events, the accuracy of community reporting, etc.

Coordinators should also gain more qualitative knowledge of the activities during their regular contact with their communities, and this information also should be captured in periodic monitoring studies periodic (every 3 or 6 months) of the community surveillance program. These studies, organized by the Community Surveillance Coordination Committee, can collect both quantitative and qualitative information to answer such questions as:

Getting Started

Did Coordinators' organize effective information campaigns?

Was the selection of SVs done with substantial community participation?

Were appropriate people selected as SVs?

Coordinators

How completely and effectively are Coordinators supervising and supporting SVs? What, if any, problems are they encountering?

How well and regularly are they reporting to and coordinating with the health system? What, if any, problems are they encountering in being able to do this?

Do Coordinators feel that their training prepared them well for their tasks? Do they feel they have enough program and community support to carry out their tasks well?

How do Coordinators feel about the community surveillance program?

What, if any, suggestions do they have?

Disease Detection and Reporting

Do SVs carry out all of their detection and reporting tasks? If not, why? What problems are they encountering?

How many diseases or events are SVs' reporting? Is this more or less than expected?

How many cases are reported via the SVs vis a vis detected by the facility staff?

How accurate are reports of SVs (vs. investigation findings)? How well do informants distinguish diseases? Does accuracy improve over time?

Do SVs consistently report diseases immediately? If not, why?

What responses are supposed to occur once a case is identified and reported? What responses actually are occurring? What explains any difference?

How many families are willing to bring cases to facilities?

SVs

How do SVs feel about the community surveillance program?

What, if any, suggestions do they have?

Do SVs feel that their training prepared them well for their tasks? Do they feel they have enough program and community support to carry out their tasks well?

What, if anything, have Coordinators and communities done to keep SVs motivated? Is this sufficient? Why or why not?

How many have dropped out and why?

Community participation

What new actions are families, communities or health system taking to prevent diseases and deaths reported?

How active have SVs and communities been in taking steps to prevent the diseases being monitored? Is there any direct or indirect evidence of impact of these actions?

How active have SVs and communities been in monitoring good habits and positive events? What are they monitoring?

Have they noted improvements in their indicators?

How regularly are SVs and Coordinators giving feedback to their communities on surveillance and disease prevention activities, and how, if at all, have communities used this information?

Perceptions of the community surveillance program

How do community leaders and families in general feel about the community surveillance program?

What benefits and/or problems do they perceive? What, if any, suggestions do they have?

What motivates communities and SVs to participate? What do they like most about the program?

How do health facility staff feel about the community surveillance program and what, if any, suggestions do they have? District staff? National-level staff?

Community/health system relations

How is the interaction between the community surveillance system and the health system? Re: information collection, responses, moving toward community/health facility partnerships?

Have relations and attitudes between community surveillance system and the health system changed?

How and why?

Tools

How do Coordinators and SVs feel about the Kit itself? Do they have suggestions for improvement?

How well have the case report forms, monthly forms, and any job aids worked? Does their design or supply need improvement?

A formal evaluation of a national community evaluation program would aim to answer similar questions but would aim to gather more quantitative data based on representative samples of SVs, Coordinators, etc. Country partners must decide if such a formal evaluation is worthwhile.

Based on ongoing monitoring, periodic monitoring studies, and miscellaneous opportunities to visit the program in the field, the Coordinating Committee should review progress and problems periodically, probably every six or twelve months. The Committee should make decisions regarding how to:

- solve problems
- improve program quality
- expand program activities in communities where it is currently active, and
- expand the program to additional communities, districts, and provinces.

2 - ADAPTATION TASKS

Task 2-A:

CONDUCT RAPID QUALITATIVE RESEARCH ON DISEASE PERCEPTIONS AND CARE-SEEKING PATTERNS (optional)

Either before or during the country adaptation of the Kit, the community surveillance partners may decide to carry out some rapid qualitative research on community perceptions of the diseases that are likely to be included and on typical patterns of care-seeking for these diseases. It is recommended that such research be carried out when: (1) the partners' cannot find existing studies with this information, and (2) one or more of the partners has the experience and capabilities to carry out a rapid study.

Proposed Methods: Individual and group interviews in 2 communities in each of the country's major ethnic/ecological regions.

Participants: In each community, representatives of the following groups: traditional healers, mothers of children under 5, fathers of children under 5, community leaders, community health workers

Question Guide (to be adapted in the field). Ask the following questions for each of the diseases that will be included in the country's Kit.

1. Have you every heard of (name of disease) (e.g. polio? cholera? neonatal tetanus? measles? yellow fever? meningitis?)
2. How common is (name of disease) in your community?
Probe: How familiar are people with (name of disease) used in the detection guide?
3. What are the different names that people use for (name of disease)?
Probe: Are these names linked to symptoms/causes of (name of disease)?
4. What are the symptoms people use to identify (name of disease)?
5. What are the causes of (name of disease)?
6. What do family members usually do if a person comes down with (name of disease)?
7. At what point do people decide that (name of disease) is serious?
Probes: Are there any particular symptoms that spur people to seek help?
Do families tend to hide someone who comes down with (name of disease)? If yes, why?
8. What is the best way to treat (name of disease)?

9. Is there anything that families can do to prevent (name of disease)?
Probe: (If yes) what?

Such rapid research should provide valuable information for terminology and concepts to use in the Kit. In countries that require more than one language version of the Kit, it will tell planners whether, besides a pure translation, changes in concepts may also be needed.

Task 2-B:

CONDUCT A JOINT TECHNICAL REVIEW OF THE GENERIC COMMUNITY SURVEILLANCE KIT

This section provides guidelines to help members of the Community Surveillance Coordination Committee conduct a joint technical review of the generic Community Surveillance Kit. Comments, corrections and suggestions arising from this technical review of the generic Kit should be used along with findings from rapid research on disease perceptions, to revise the Kit. The aim of the technical review process is to ensure the revised Kit adheres to the technical protocols and procedures and the administrative systems and policies in each country where it is used. *Adaptations to the Kit based on the technical review and rapid qualitative research should be completed before the Kit is pretested.* The process of pretesting the adapted version of the Kit is described in the next section.

Which diseases should be included in the Kit, the definitions of these diseases, and the appropriate ways to report and respond to each of the diseases may vary slightly from country to country. For example, yellow fever is not endemic everywhere, and therefore some countries will not need to include the section with the disease detection illustrations and Disease Description for Yellow Fever in their versions of the Community Surveillance Kit. Another important decision is whether to include detection and reporting of births and/or or deaths with diarrhea in the community surveillance program. Some considerations for this decision are given in the detection section of the Coordinators' Handbook.

It is important to give participating organizations the opportunity to review the Kit's contents to assess its technical accuracy and conformity to administrative requirements. Each member of the Coordination Committee should have at least one copy of the Handbook for Surveillance Coordinators and at least one copy of the Handbook for Surveillance Volunteers in order to conduct a technical review.

1. During the first meeting of the Coordination Committee, members should designate one or two individuals who will coordinate the technical reviews. Their responsibilities are outlined below:
 - ensure that all members have received copies of the Handbook for Surveillance Coordinators and the Handbook for Surveillance Volunteers, as well as the "Guidelines for Technical Review" provided below;
 - distribute additional copies of each handbook to other interested organizations or individuals who would like to participate in the technical review;
 - retrieve technical review comments from all reviewers by the established deadline;
 - make a summary of the key findings from the technical review; and

- assist in facilitating the next meeting of the Coordination Committee, during which the summary of the technical review findings are presented, discussed, and incorporated into the proper sections of the Kit.
2. Once they have finished their technical reviews, all reviewers should either:
 - provide their copies of the handbooks, with their written comments included, to the appropriate individual who is responsible for coordinating the technical reviews; or
 - bring their copies of the handbooks, with their written comments included, to the next meeting of the Coordination Committee, where the technical review findings will be discussed and decisions made.
 3. Distribute the guidelines provided on the next page during the first meeting of the Coordination Committee. Members should review these guidelines and agree on how to modify them as appropriate.

The technical review guidelines (or a modified version of them) should be used during the technical review process according to the timeline agreed upon by the Coordination Committee.

Technical Review Guidelines for the Community Surveillance Kit

1. You will be conducting a technical review of the Handbook for Community Surveillance Coordinators and the Handbook for Community Surveillance Volunteers. You should have already attended the first meeting of the Coordination Committee during which the goal, contents and strategy of the entire Community Surveillance Kit were discussed.
2. The contents of each handbook should *be in full accordance with the protocol, policies or definitions* established within the framework of the national government program and/or that of your specific organization. The contents should also be *feasible, realistic and correspond to the social, cultural, administrative and economic realities* of your country.
3. Review the Handbook for Surveillance Coordinators first, and then review the Handbook for Surveillance Volunteers.
4. Begin your technical review by reading through the table of contents carefully, so that you become familiar with the overall content of the handbook, and the logical order in which each topic is covered.
5. Read each page of the handbook carefully, and in consecutive order. As you read, please look for:
 - the feasibility of the suggested forms, detection, reporting and follow-up procedures
 - consistency of suggested forms and procedures with national norms and policies
 - unclear or confusing descriptions or explanations
 - incomplete information
 - inappropriate terminology or vocabulary
 - inconsistencies
 - any other details which render the text incorrect, inappropriate or unclear.

Take particular care to examine the reporting procedures, forms and response chart.

6. Using a pencil, please underline or circle any text (words, sentences or paragraphs) that you believe is in need of technical or administrative corrections, modifications or improvements. Write your comments or suggestions in the margins of the page where you would like to make improvements.
7. When you have reviewed both handbooks, please take additional time to compare the information presented in each. Please answer the questions on the following page.

Additional questions for the technical review (please write your comments either directly in your copy of the appropriate handbook or in the space below. Use additional pages if needed).

- a) Are the diseases and the disease definitions appropriate for your country? If not, what changes should be made?
- b) Do you want to include deaths with diarrhea as well as births in the community surveillance program?
- c) Are the illustrations in the Volunteers' Handbook appropriate? If not, what changes in clothing or physical features are necessary to be acceptable throughout the country? (It is recommended that the basic content [what symptoms they show] of the generic illustrations be maintained.)
- d) Is the proposed case reporting procedure (including case report forms) appropriate for you country? If not, what changes should be made?
- e) Is the proposed response mechanism for each disease, feasible in your country and consistent with norms and policies? If not, what changes should be made?
- f) Is the information presented in each handbook consistent with established technical and administrative protocol and procedures? If not, what improvements/changes should be made?
- g) Is the content of each handbook appropriate for its respective audience? If not, what improvements/changes should be made?
- h) What other comments or suggestions do you have to make the Community Surveillance Kit better adapted to your country and organization?

Thank you for your review. Please forward your copy of the handbooks, with your technical review comments, to the appropriate member of the Coordination Committee or bring them with you to the next meeting of the Coordination Committee.

Once the technical review is completed, there are two basic steps to take:

- (1) The Coordination Committee and/or the reviewers and Ministry of Health officials should meet to review recommended modifications to the generic Kit and to reach consensus on the changes.
- (2) The agreed-upon changes should be made in the electronic version of the handbooks and then copies of the revised versions printed for pretesting.

This is also the appropriate time to decide if you want to produce and use job aids for the Surveillance Volunteers in your program, because any job aids should be pretested together with the handbooks. Two recommended aids are:

- Enlarged versions of the disease detection illustrations from the Volunteers' handbook. These can be used to educate community members on the diseases and symptoms to look for.
- The Volunteers' handbook recorded in one or more local languages on audio-cassettes. This is an especially important aid where many Surveillance Volunteers and community members cannot read the Volunteers handbook. Even if many individual Surveillance Volunteers do not have a tape player, someone in most communities and many Coordinators probably do.

Task 2-C:

PRETEST THE COMMUNITY SURVEILLANCE KIT

This section provides guidelines to help members of the Community Surveillance Coordination Committee plan and oversee a simple pretest strategy for the handbooks, job aids, and forms proposed for the community surveillance program.

Pretesting is an important step in the process of adapting the Community Surveillance Kit to the intended users and to your country's context. While the technical review of the Kit collects the opinions and advice of national-level decision-makers in the government and in non-government organizations, the pretest gathers information from people who could actually be using the Kit at the community level as program field staff or volunteers. The information gained from the pretest is therefore complementary to that gained from the technical review because it adds the perspectives of intended users of the Kit.

The objectives of pretesting the Kit are to:

- ❖ **ASSESS** its appropriateness for intended users;
- ❖ **IDENTIFY** what should be revised or improved;
- ❖ **CLARIFY** ways to tailor the Kit to the level and needs of people who will be using it.

Advantages and Limitations of Pretesting the Community Surveillance Kit

While pretesting helps to guide the process of revising and improving the Kit, it does not guarantee that you will develop the perfect tool for community surveillance. The major advantages and limitations of pretesting are noted in the table below. Since the advantages of pretesting usually far outweigh the limitations, *it is strongly recommended that the Kit be pretested* prior to reproducing and distributing it for program implementation throughout the country.

**Advantages and Limitations of Pretesting
the Community Surveillance Kit**

Advantages	Limitations
<p>Pretesting will:</p> <ul style="list-style-type: none"> • Obtain the point of view of the intended users (Community Surveillance Coordinators and Surveillance Volunteers), whose perceptions and needs are different from those of national-level decision-makers and program managers • Provide information that is complementary to the information obtained from technical reviews. • Provide information that can be used to guide decisions on how to make the Kit more appropriate and user-friendly. • Reduce the risk of wasting time, money and other scarce resources to reproduce and widely distribute a tool that later turns out to be inappropriate or ineffective because it is not adapted to users' needs. 	<p>Pretesting will not:</p> <ul style="list-style-type: none"> • Provide precise data or quantitative information that is statistically significant. • Provide absolute answers. • Replace experienced judgment and decision-making in the development of an appropriate and effective tool. • Guarantee that the Kit will be perfect. • Guarantee that the Kit will be successfully used by organizations.

How to Begin

1. Identify two or three individuals who are members of the Coordination Committee to coordinate the pretest process.

Two or three people within the Committee should assume the following responsibilities:

- develop and finalize the pretest questionnaires;
- ensure that all organizations conducting the pretest have received copies of the finalized questionnaires;
- identify interviewers for the pretests;
- decide on the audience sample to be interviewed; how many of what type of people, located where;
- organize a mini-workshop with the interviewers to review the pretest questionnaires and methodology; and
- coordinate pretest timeline with participating organizations.

The individuals responsible for the above tasks should be familiar with pretesting methodologies and ideally have had previous experience with pretesting materials.

2. Identify the profile of the pretest respondents.

Pretest respondents are the people who will provide information about the Community Surveillance Kit by answering questions during the pretest. The pretest respondents should have the general experiences and profile of the intended users of the Kit.

Community Surveillance Coordinators are the intended users of the Handbook for Community Surveillance Coordinators, while Surveillance Volunteers are the intended users of the Handbook for Community Surveillance Volunteers and, in some countries, of visual aids and audio-cassettes. Therefore, pretest respondents should have the general experiences and profile of Community Surveillance Coordinators and Surveillance Volunteers.

There is no standard profile for the people who will become Surveillance Coordinators and Surveillance Volunteers in the community surveillance strategy proposed in the Kit. The table on the next page provides some suggestions for characteristics.

Suggested Profile of Pretest Respondents

<p>Recommended Respondent Profile for the Pretest of the Surveillance Coordinators' Handbook</p>	<p>Recommended Respondent Profile for the Pretest of the Surveillance Volunteers' Handbook and Job Aids</p>
<ul style="list-style-type: none"> • Currently employed by an NGO, an international voluntary organization, or the ministry of health • Works closely with communities • Has some experience working with community volunteers • Has some experience in community mobilizing or organizing • Has some experience with community health activities (e.g., health education, disease surveillance, immunizations, etc.) 	<ul style="list-style-type: none"> • Already a community volunteer or involved in community-based committees or associations • Has an educational, occupational and socio-economic background that is similar to most people in his/her community • May be a traditional provider but is <u>not</u> a health professional • May or may not be literate

3. Identify two or three organizations that can recruit respondents for the pretest.

The Coordination Committee should decide which organizations have the easiest access to pretest respondents (i.e., to people who fit the profiles of the intended users of the Kit). Organizations that participate in the pretest should have:

- program staff who have regular contact with communities and have ideally have had some experience working with community volunteers (these staff can participate as respondents in the pretest of the Handbook for Surveillance Coordinators); and/or

- contact with people in beneficiary communities who have already worked as volunteers or who have the overall profile of Surveillance Volunteers (these community members can participate as respondents in the pretest of the Handbook for Surveillance Volunteers).
4. Agree upon the numbers of respondents who will participate in the pretests.
 - Numbers of respondents for the Handbook for Surveillance Coordinators:
Organizations should ask, as much as possible, program staff to participate as respondents in the pretest of the Handbook for Surveillance Coordinators. This should be relatively easy and inexpensive to organize. All program staff who participate as respondents should fit the profile of Surveillance Coordinators (already have regular contact with communities, experience with community health activities).
 - Numbers of respondents for the Handbook for Surveillance Volunteer Handbook:
Organizations should take time and logistical constraints into consideration when asking community members to participate as respondents in the pretest of the Handbook for Surveillance Volunteers. Ideally, organizations should select at least three or four different communities in which to conduct the pretest, and try to get at least four respondents from each community who fit the profile of Surveillance Volunteers. If the person is not literate, he or she should be instructed to go through the handbook with a friend or family member who is.
 5. Develop the pretest questionnaires.

The following general topics should be assessed during the pretest of the Community Surveillance Kit Handbooks:

- a. *Format preferences.* What are the preferences of users of each primary piece of the Kit concerning: size of the document (users clearly preferred a small size in initial pretests), font type and size, one column or two, color or black and white, type of cover, type of folder, envelope, or bag in which to store the piece? After the pretest, organizers of the activity may have to decide if/how they can meet the users preferences, given budget, time limitations and technical capabilities,
- b. *Comprehension (written text)*

This topic area explores the degree to which pretest respondents understand the written text of the handbooks. Questions should cover:

- organization of the text (including the “flow” or transition from paragraph to paragraph or section to section, and the ease with which respondents can follow the development of ideas and information)
- language (including the use of clear and simple vocabulary, appropriate terminology)
- ideas/concepts (including whether ideas, descriptions and explanations are clear and easy to understand).

c. *Comprehension (illustrations)*

This topic area explores pretest respondents' perceptions of and reactions to the illustrations in the handbooks. Questions should cover:

- what people see (their perception of what the illustration portrays)
- how the illustration portrays the symptoms to look for in identifying diseases
- how useful the illustrations are for the Surveillance Volunteer.
- any parts of the illustrations that are confusing or difficult to interpret.

d. *Acceptability*

This topic area explores pretest respondents' reaction to the handbooks and if they feel that the handbooks are acceptable for use. Questions should cover:

- whether there is anything about the illustration that seems strange or unusual
- cultural acceptability
- whether respondents like or dislike the illustration, and why.

e. *Feasibility*

This topic area explores the degree to which pretest respondents believe that the ideas and activities in the handbooks are feasible. Questions should cover:

- how useful or helpful the ideas and activities are
- how easy or difficult the ideas and activities would be to implement
- potential problems in attempting to implement the ideas and activities.

f. *Personal Relevance*

This topic area explores the degree to which pretest respondents' believe that the handbooks are intended for people like them and that they would be a useful support to future Community Surveillance Coordinators or SVs.

g. *Additional Suggestions for Improvements*

This topic area explores issues not previously addressed in the questionnaire and seeks additional comments and suggestions from the pretest respondents.

PRETESTING VISUAL AIDES OR AUDIO CASSETTES

- If your country is considering using other visual aides or audio-cassettes for Surveillance Volunteers, you will need to develop questionnaires to pretest these materials as well.

6. Decide on the research methods to use in the pretest

There is no standard procedure for pretesting. Pretests can range from very sophisticated procedures requiring complex research designs and large numbers of respondents to very simple procedures that can be carried out in a matter of minutes with just a few respondents. Although there are a number of research methods that could be used, **individual in-depth interviews** and **group interviews** are likely to be the simplest and most appropriate methods for pretesting the two handbooks.

Experiences with Pretesting Surveillance Handbooks in Zimbabwe and Malawi

In Zimbabwe, a pretest team provided 8 program staff from Care and World Vision (two non-governmental organizations) and 3 Peace Corps volunteers with copies of the Handbook for Surveillance Coordinators and asked them to read their copies prior to participating in an **individual in-depth interview**. Although many of the respondents did not have a lot of time to read through the handbook carefully, they were all able to provide very helpful feedback during the pretest interview.

Time, logistics and respondents' comfort level were three major factors that influenced the decision on whether to conduct individual or group interviews while pretesting the Handbook for Surveillance Volunteers. Because only one interviewer was available to conduct the pretest in the selected villages, there was simply not enough time for her to hold individual in-depth interviews with every respondent. The interviewer decided to conduct both **individual in-depth** and **group interviews**. By using both methods, she was able to gather data from many more people over a two-day period in several villages.

Group interviews worked well with rural women who participated as pretest respondents. The women enjoyed looking through the handbook together and giving their feedback to the interviewer. Many of their remarks were critical of the disease illustrations, which they often found unattractive and confusing. Although their reactions to the Kit may have been slightly influenced by others in the group, the women may not have been as comfortable to speak as frankly had they been interviewed individually.

Similar conditions existed for the pretest activities in Malawi. Coordinator-level respondents who had not read the document in advance were allowed to read the document during the pretest process. This strategy significantly increased the length of the interview, but yielded thoughtful responses that may have been lost otherwise. The use of group interviews among coordinator-level respondents seemed to stimulate questions and the expression of differing views rather than intimidate the respondents' responses. Group interviews with village health volunteers were also found to be productive. The group setting provided a comfortable atmosphere where they could express their opinions and ask questions.

Pretest respondents in Malawi were already involved in health projects, either as a coordinator or volunteer. They saw the Kit's approach to community surveillance and the activities outlined in it as a way to enhance their work. This fact may have contributed to their willingness to question the appropriateness of some of the recommendations contained in the Kit and to share suggestions for the improvement of the handbooks.

7. Additional tips for conducting the pretest.
 - a. Give each of the respondents who will participate in the pretest of the Handbook for Surveillance Coordinators a copy of the handbook to read over at least two or three days before the pretest interview. Explain the overall purpose of the pretest and invite the respondent to note his or her comments directly on the copy of the handbook. Conduct an individual in-depth interview with each respondent in a quiet place where there will be no interruptions. Each interview should last approximately 1 to 2 hours.
 - b. When pretesting the Handbook for Surveillance Volunteers, make sure to get respondents' feedback on the disease illustrations. In Zimbabwe and Malawi, pretest findings indicated the use of shading and lines used to indicate motion and depth on illustrations were not helpful and were sometimes misinterpreted.

Task 2-D:

REVISE AND IMPROVE THE COMMUNITY SURVEILLANCE KIT

It is advisable that the Community Surveillance Coordination Committee members convene to discuss the findings from the pretests. Members should reach consensus on how to revise the Kit based on these findings.

Balancing pretest findings, technical review results, and professional experience:

Due to constraints in time, funding and other resources, it will be virtually impossible to develop the perfect tool that satisfies every person's perspective and needs. It is important to balance all of the feedback you will receive on the Community Surveillance Kit with your own professional experience.

Case Study: Balancing Pretest Findings with Practical Constraints in Zimbabwe

Some of the pretest respondents in Zimbabwe who looked at the Handbook for Surveillance Volunteers said that the disease illustrations should be printed in color on large laminated posters, because large, colorful visual aides would help to increase Surveillance Volunteers' prestige in the community. Yet other pretest respondents said that the disease illustrations should be printed on small pages in a foldable, pocket-sized book, because this format would make it easy for Surveillance Volunteers' to carry the illustrations around with them. Meanwhile, technical reviewers of the handbook had not even thought about the ideal format for the illustrations, probably because this was not an immediate concern for them, but they did like the idea of having both formats available for use.

Regardless of the various findings, the most pragmatic decision was to print the disease illustrations in a small, black-and-white format because of constraints in the budget.

Once agreement is reached on the needed changes, these should be made and then carefully proofread before the Kit is produced in large numbers.

Revision of Training Materials

Some of the revisions made to the Coordinator's Handbook or the Volunteer's Handbook based on the pretest will need to be reflected in the training guidelines. Therefore, the *Training Guidelines for Community Surveillance Coordinator*, will need to be reviewed to ensure the information is consistent with the revised handbooks.

Appendix A: Resource Materials for Forming a Community Surveillance Coordination Committee

Sample Cover Letter (to include with the Community Surveillance Kit)

(Write this letter on official letterhead)

(Date)

Dear Sir or Madam,

It is my pleasure to send you a copy of the Community Surveillance Kit to Support Community Participation in the Detection and Prevention of Polio and Other Diseases for you to look over and consider integrating into your program.

I would like to have the opportunity to meet with you at your earliest convenience to discuss the possible collaboration of your organization in adapting the generic Kit to (name of country)'s context and in planning a joint effort to implement community surveillance activities throughout the country.

Please find the following additional information included in this packet:

- The Community Surveillance Kit Summary Sheet
- The Decision-Making Checklist for Using the Community Surveillance Kit

We are requesting organizations that are interested in using the Community Surveillance Kit to become members of a new Community Surveillance Coordination Committee whose role will be to oversee the adaptation and use of the Kit throughout the country.

I will contact you soon to find out whether you are interested and, if so, when we can meet to discuss the Kit further.

Sincerely,

_____ (your name)
_____ (your title)
_____ (your organization)

Summary Sheet: The Community Surveillance Kit

DESCRIPTION AND GOAL:

The Community Surveillance Kit is designed to support community involvement in surveillance for cases of acute flaccid paralysis and other important diseases (measles, neonatal tetanus, cholera, yellow fever, and meningitis). It is intended to strengthen the collaboration between non-governmental organizations (NGOs) and other organizations or associations with the government (i.e., the Ministry of Health) in improving existing disease surveillance systems at all levels (national, provincial/regional, district and community). It is also intended to support organizations and communities in preventing diseases and promoting health.

CONTENTS:

The Community Surveillance Kit contains: (1) this Adaptation Guide for countries; (2) a Handbook for Coordinators; (3) a Handbook for Community Surveillance Volunteers; and (4) a Training Module. You may also decide to include an audio-cassette and visual aides.

TYPES OF ORGANIZATIONS THAT CAN USE THE KIT:

The Kit is most appropriate for use by non-governmental organizations, volunteer organizations and other organizations that work closely with communities, and ideally with community volunteers. Ministry of Health departments that have personnel who train, educate or otherwise collaborate with communities may also use the Kit. All organizations that are interested in using the Kit should make sure to collaborate with the Ministry of Health at national and local levels.

COSTS:

The main costs are for the reproduction of the Kit; the training of the Coordinators and volunteers; and some of the optional community activities. Other costs (e.g. supervision and support visits) should be minimized by integrating Kit activities into existing program activities.

START-UP TIME:

After the adaptation process has been completed, the start-up process of training Coordinators, informing and involving communities, community selection of volunteers, training volunteers, beginning activities is likely to take 3 to 6 months.

ADVANTAGES:

1. Keeps burden of additional costs and people's time commitment to a minimum by integrating community surveillance activities as much as possible into the existing activities of NGOs and other organizations;
2. Utilizes program staff who already have contact with communities as Surveillance Coordinators;
3. Facilitates community selection of volunteers;
4. Trains community volunteers through on-the-job support visits;
5. Integrates reporting into the national surveillance system; and
6. Fosters a partnership of communities with local government health centers for reporting and responding to diseases.

CONSTRAINTS:

1. Requires a functioning surveillance system within the government health sector;
2. Requires institutional capacity within the government health sector to respond appropriately to reported cases of disease; and
3. May require additional funds/assistance for reproducing the Kit and forms, training Coordinators and Volunteers and providing supervision, and implementing some of the community activities.

Decision-Making Checklist

Use the checklist below to help you decide whether or not the Community Surveillance Kit is appropriate for use by your organization. Check the appropriate box (“YES”, “NO”, or “UNSURE”) to answer each of the questions.

DECISION-MAKING QUESTIONS	YES	NO	UNSURE
1. Is your organization interested in working to eradicate polio and help reduce yellow fever, cholera, neonatal tetanus, meningitis and possibly other diseases?			
2. Does your organization have community-based activities with regular and close contact with community members?			
3. Does your organization already collaborate with the Ministry of Health at the district, provincial or national level?			
4. Does your organization already carry out at least two of the following activities? (1) training seminars/workshops for staff and/or community members; (2) education and/or mobilizing communities; (3) supervision or other support for community volunteers; (4) disease reporting; (5) disease prevention; (6) community surveillance of diseases or other conditions or events.			
5. Does your organization have financial and material resources to implement the activities in the Community Surveillance Kit? (Although these are minimal, there are nevertheless additional costs and resources that will be needed.)			
6. Does your organization already have program staff who could perform some of the tasks of Community Surveillance Coordinators?			
7. Does your organization have the capacity to supervise and provide other support for staff who take on the responsibilities of Community Surveillance Coordinators? (See page 6 of the Coordinators' Handbook for their job description.)			
8. Could a 3-to-6 month start-up process for using the Community Surveillance Kit fit within your program's current timeline and priorities?			
9. Does your organization currently have the capacity to monitor and evaluate Kit activities?			
10. Would your organization be willing to collaborate with the Ministry of Health and other organizations to adapt and use the Kit to meet national and local needs?			

Recommendations for Use of the Community Surveillance Kit (based on the Decision-Making Checklist)

Count the number of times you have checked “YES” on the preceding Decision-Making Checklist and read the corresponding recommendation below:

Ø If you have checked “YES” between 8 and 10 times...

Congratulations! It is very likely that the Community Surveillance Kit will be useful to your organization and will be relatively easy to integrate into your current program activities.

Please attend the upcoming meeting of the Community Surveillance Coordination Committee to help plan for the adaptation and use of the Kit in your program and throughout the country.

Ø If you have checked “YES” between 5 and 7 times...

Congratulations! It is possible that the Community Surveillance Kit will be useful to your organization. Your organization may, however, require some extra planning and resources to integrate the Kit successfully into your current program activities.

Your organization may be able to identify additional technical assistance and resources by collaborating with the Community Surveillance Coordination Committee. Please attend the upcoming meeting of the Coordination Committee to help plan for the adaptation and use of the Kit in your program.

Ø If you have checked “YES” between 0 and 4 times...

Unfortunately, the Community Surveillance Kit is probably inappropriate for your organization’s use at this time. Your organization would most likely require a considerable amount of planning and additional human and financial resources to integrate the Kit and surveillance activities successfully into your current program. You should nevertheless consider adapting and utilizing the Community Surveillance Kit to support other community health activities.

If you are still interested in using the Community Surveillance Kit in the future, please attend the upcoming meeting of the Coordination Committee to help plan for the adaptation and use of the Kit in your program.

If you are not interested in using the Community Surveillance Kit in the future, thank you for your time.

Summary Sheet

The Coordination Committee for the Community Surveillance Kit: Purpose, Tasks, and Membership

PURPOSE:

The purpose of the Community Surveillance Coordination Committee is to:

1. Oversee the adaptation of the Community Surveillance Kit to make it appropriate for the country.
2. Facilitate the successful integration of Community Surveillance Kit into existing structures and systems at the national level.
3. Coordinate participating organizations' use of the Community Surveillance Kit.

TASKS:

The main tasks of the Community Surveillance Coordination Committee fall into two categories, management and adaptation, and are listed below:

Management Tasks

- Form a Community Surveillance Coordination Committee
- Organize meetings of the Coordination Committee to reach consensus on adapting the Kit and to coordinate supporting activities
- Coordinate the translation, preparation of additional resource materials, and reproduction and distribution of the Kit
- Plan and schedule training, implementation and monitoring activities

Adaptation Tasks

- Conduct rapid qualitative research on disease perceptions and care-seeking patterns (optional)
- Conduct a joint technical review of the generic Community Surveillance Kit
- Pretest the Community Surveillance Kit
- Revise and improve the Community Surveillance Kit

MEMBERSHIP:

Member organizations of the Community Surveillance Coordination Committee may include, but not necessarily be limited to:

- NGOs that have community-based activities
- The U.S. Peace Corps and other volunteer programs
- The Ministry of Health (appropriate departments such as EPI and surveillance)
- International health organizations (such as the World Health Organization and UNICEF)
- Traditional healers' associations
- Donor agencies

Appendix B: Resources on Polio Eradication and Community Surveillance

LIST OF ADDITIONAL TOOLS AND INTERNET WEBSITES THAT MAY BE HELPFUL FOR ORGANIZATIONS USING THE COMMUNITY SURVEILLANCE KIT

<http://www.manoffgroup.com>

<http://www.aed.org>

<http://www.changeproject.org>

<http://www.who.int/vaccines>

<http://www.unicef.org>

<http://www.info.usaid.gov>

<http://www.cdc.gov>

<http://www.basics.org>

<http://www.rotary.org>

<http://www.path.org>

<http://www.paho.org>

<http://www.vaccines.org>

<http://www.vaccinealliance.org>

<http://www.ivi.org>

<http://www.hopkins-id.edu>

<http://www.polio.net>

<http://www.acithn.ng.edu.au>

<http://www.worldbank.org/vaccines>

<http://www.hsph.harvard.edu>

<http://www.lshtm.ac.uk/itd>

<http://www.ibb.gov/polioerad>

LIST OF SELECTED REFERENCE MATERIALS

Polio eradication

See Internet sites

See CD-ROM, Polio Eradication

U.S. Agency for International Development. *The USAID Polio Eradication Initiative. 1999 Report to Congress*. Washington, D.C., 2000.

World Health Organization. *POLIO. The beginning of the end*. Geneva, 1997.

World Health Organization. *FIELD GUIDE for Supplementary Activities Aimed at Achieving Polio Eradication*. Geneva (updated periodically).

World Health Organization. *Polio News* (newsletter). Available from polioepi@who.ch

Disease Surveillance

See Internet sites

See CD-ROM, Polio Eradication

World Health Organization, Regional Office for Africa. *Integrated Disease Surveillance in the African Region. A Regional Strategy for Communicable Diseases 1999-2003*. Harare, 1999.

World Health Organization. *FIELD GUIDE for Supplementary Activities Aimed at Achieving Polio Eradication*. Geneva (updated periodically).

Helping Disabled Children

See Internet sites

David Werner. *Disabled Village Children. A guide for community health workers, rehabilitation workers, and families*. Berkeley, CA: The Hesperian Foundation, 1999 (5th printing).

David Werner. *Nothing About Us Without Us. Developing Innovative Technologies For, By and With Disabled Persons*. Palo Alto, CA: Healthwrights, 1998.

World Health Organization. *Guidelines for the Prevention of Deformities in Polio*.

Geneva: Expanded Programme on Immunization Rehabilitation, 1995

(WHO/EPI/POLIO/RGB/91.1.Rev. 1)

Training

Bill Bower and David Werner. *Helping Health Workers Learn*. Palo Alto: The Herperian Foundation, 1982.

Appendix C: Resource Materials for the First Community Surveillance Coordination Committee Meeting

Below is a sample planning checklist for the first Community Surveillance Coordination Committee Meeting on the Community Surveillance Kit. Feel free to modify the checklist to fit your needs:

Meeting Planning Checklist	Done
<p>Identify the date, time and place of the meeting.</p> <p>Develop the meeting objectives and agenda.</p> <p>Develop a budget for the meeting.</p> <p>Make a list of participants.</p> <p>Identify co-facilitators and presenters.</p> <p>Meet with co-facilitators and presenters to discuss the agenda, presentations, and responsibilities.</p> <p>Write and send letter of invitation to participants. Include meeting agenda in the correspondence.</p> <p>Identify necessary materials, equipment and supplies.</p> <p>Procure materials, equipment, and supplies.</p> <p>Arrange for refreshments and/or a meal.</p> <p>Confirm each participant's plans to attend the meeting.</p> <p>Visit meeting room to verify appropriate conditions and discuss seating arrangements.</p>	

Below is a sample letter of invitation to potential partners who will collaborate to adapt the Community Surveillance Kit. Feel free to modify the sample letter to fit your needs:

SAMPLE LETTER OF INVITATION

{THIS LETTER SHOULD BE PRINTED ON THE LETTERHEAD OF ORGANIZATION RESPONSIBLE FOR CALLING THE MEETING}

_____(Date)

Subject: Invitation to participate in the Community Surveillance Coordination Committee meeting on the Community Surveillance Kit

Dear _____,

I am pleased to invite your participation in the first meeting of the Community Surveillance Coordination Committee, which will oversee the adaptation and coordination of the Community Surveillance Kit for the detection of polio/AFP and other diseases.

The meeting objectives are to:

1. Discuss the global context of polio eradication and integrated disease surveillance;
2. Discuss the adaptation of the Community Surveillance Kit to the national context;
3. Review and discuss the ten-step process for adapting the Community Surveillance Kit;
4. Coordinate the roles and responsibilities of the various partner organizations in implementing the adaptation process at the national, district and community levels;
5. Begin planning for the training of the Community Surveillance Coordinators;
6. Discuss next steps and responsibilities in adapting the Kit.

If you have already received a draft copy of the Community Surveillance Kit, please bring this with you to the meeting. The meeting agenda is attached on the following page.

The meeting will be held from {starting time} until {ending time} on {date} at {name/address of meeting place}. Lunch and coffee breaks will be provided.

I look forward to seeing you at the meeting and thank you in advance for your collaboration.

Sincerely,

_____(name)

_____(title)

_____(organization)

A sample agenda for the first Community Surveillance Coordination Committee meeting on the Community Surveillance Kit is provided below. Feel free to modify the sample to fit your needs:

SAMPLE MEETING AGENDA

COMMUNITY SURVEILLANCE KIT	
COMMUNITY SURVEILLANCE COORDINATION COMMITTEE WORKSHOP	
<i>(Date)/(Place)</i>	
<u>AGENDA</u>	
8:30 - 9:30	<p>Welcome/Keynote Address Presenter: _____ (Name, Title and Organization)</p> <p>Introductions Participants</p>
9:30 - 10:00	<p>Global Initiative for Polio Eradication Presenter: _____ (Name, Title and Organization)</p> <p>National Context: Expanded Program for Immunizations and Integrated Disease Surveillance Presenter: _____ (Name, Title and Organization)</p> <p>Questions and Discussion</p>
10:00 - 10:15	Coffee and Tea
10:15 - 10:45	<p>Overview of the Community Surveillance Kit: Goal, Contents and Overall Strategy Presenter: _____ (Name, Title and Organization)</p>
10:45 - 11:00	Questions and Discussion
11:00 - 11:15	<p>Role and Tasks of the Community Surveillance Coordination Committee Presenter: _____ (Name, Title and Organization)</p>
11:15 – 11:30	Questions, Discussion and Amendments to role and tasks of the NCC
11:30-11:45	<p>The process for adapting the Community Surveillance Kit Presenter: _____ (Name, Title and Organization)</p>
11:45 - 12:00	Questions , Discussion and Amendments to role and tasks of the NCC
12:00 – 12:15	Coffee and Tea
12:15 – 12:45	<p>Overview of Technical Review Process and Pretesting of the Kit Presenter: _____ (Name, Title and Organization)</p>
12:45 – 1:00	Questions, Discussion
1:00 – 1:30	<p>Group Discussion: decisions/actions for follow-up * Assignment of technical review and pretest tasks to individual members * Identification of pretest sites * Timetable for technical review and pretests</p>
1:30-2:00	Lunch

Below is a list of recommended meeting supplies and for the first Community Surveillance Coordination Committee meeting on the Community Surveillance Kit. Feel free to modify the list to fit your needs:

RECOMMENDED MEETING SUPPLIES AND EQUIPMENT

- markers
- flipchart
- flipchart stand
- tape (for adhering flip chart paper to walls)
- scissors
- notepads (1 per participant + facilitator)
- pens (1 per participant + facilitator)
- handouts (see end of section for recommended handouts)
- folders for handouts (1 folder per participant + facilitator)
- overhead transparencies (see end of section for recommended transparencies)
- overhead projector
- slides and slide projector
- screen, or a large white wall (for projections)
- computer and projector for power point presentations

Community Surveillance Coordination Committee for the Community Surveillance Kit

MEETING OBJECTIVES

1. Meeting participants will discuss and become familiar with:
 - a) the mission and activities of participating organizations;
 - b) the history and global context of the polio eradication effort;
 - c) the national context of the polio eradication effort and EPI;
 - d) the Kit's goal, general contents and principal strategy;
 - e) the process for adapting the Community Surveillance Kit;
 - f) the purpose and main tasks of the Community Surveillance Coordination Committee;

2. Participants will discuss and reach consensus on the following:
 - a) which diseases will be included in the Kit;
 - b) the definitions of the diseases to be included in the Kit;
 - c) the appropriate procedures to follow when reporting diseases;
 - d) the appropriate response mechanism for reported disease cases; and
 - e) members' roles + responsibilities in the Kit adaptation process.

Overheads Used in Zimbabwe:

GOAL

of the Community Surveillance Kit

**To support the global effort to eradicate polio
and control other diseases by increasing
community participation in disease surveillance
in Africa and Asia.**

Community Surveillance Kit

MAIN OBJECTIVES

- ◆ Provide a tool that **facilitates community participation** in the detection, reporting and prevention of polio and other diseases.
- ◆ **Build NGOs' capacity** in disease surveillance and in promoting community involvement.
- ◆ **Strengthen links and collaboration** between the Ministry of Health, NGOs, other organizations and communities in the surveillance of polio and other diseases.

Community Surveillance Kit

CONTENTS

- ◆ Country Coordination and Adaptation Guidelines
- ◆ Handbook for Community Surveillance Coordinators
- ◆ Handbook for Community Surveillance Volunteers
- ◆ Guidelines for Training Community Surveillance Coordinators

Optional additions:

- © Disease Detection Visual Aides
- ◆ Audio Cassettes for Surveillance Volunteers

Community Surveillance Kit

Process for Management and Adaptation of the Community Surveillance Kit	
1. Management	
Task 1-A	Form a Community Surveillance Coordination Committee
Task 1-B	Organize meetings of the Coordination Committee to reach consensus on adapting the Kit, and coordinate supporting activities
Task 1-C	Coordinate the translation, preparation of additional resource materials to be included in the Kit and the reproduction and distribution the Kit
Task 1-D	Plan and schedule training, implementation monitoring activities
2. Adaptation	
Task 2-A	Conduct rapid qualitative research to inform the technical review process (or decide that this is not needed or feasible)
Task 2-B	Conduct a joint technical review of the generic Kit
Task 2-C	Pretest the Kit
Task 2-D	Revise and improve the handbooks and training materials based on pretest findings

Community Surveillance Coordination

PURPOSE

1. Make the Community Surveillance Kit appropriate to the country by overseeing the process for its review and adaptation.
2. Coordinate and facilitate the successful integration of Community Surveillance Kit into existing structures and systems throughout the country.

Community Surveillance Coordination Committee

MAIN TASKS

1. Conduct a joint technical review of Kit.
2. Plan and oversee the pretesting of the Kit.
3. Review and discuss pretest findings.
4. Reach consensus on the adaptation and use of the Kit based upon technical reviews and pretest findings.
5. Solicit additional resources (human, financial and material) necessary to assure effective implementation of the Kit.
6. Oversee the production and distribution of the Kit.
7. Plan for the training of Community Surveillance Coordinators.
8. Plan and facilitate implementation, where appropriate.
9. Plan for and facilitate the monitoring and evaluation of the Kit.

Community Surveillance Coordination Committee

MEMBERS

- ◆ **The Ministry of Health**
- ◆ **The World Health Organization**
- ◆ {add additional partners to this list}